

## AND HEALTH FORM

## BOZEMAN

**JUNE 17-22, 2007 (Jr. Leaders Only)    JUNE 19-22, 2007 (Campers and Jr. Leaders)**

**(DUE Monday, JUNE 4TH, - GALLATIN COUNTY MSU EXTENSION OFFICE)**

(Include fees with registration) Late entries accepted through Wednesday, June 11<sup>th</sup> with a \$5 late fee.

Registration accepted June 12<sup>th</sup> through morning of June 19<sup>th</sup> with a \$15 late fee (subject to availability)

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_  
Last First MI

**PARENT/GUARDIAN**

**PHONE** (home) \_\_\_\_\_ (work) \_\_\_\_\_ **RECENT GRADE COMPLETED** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
 Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\* FEES \*\*\*

- ☐ **Regular Camp, June 19-22, 2007** (Ages 9-19) (Fee \$ 75.00)  
(Older youth not wishing to serve as counselors may attend camp as regular campers)
- ☐ **Family rate - \$65 per child if 3 or more attending** (Fee \$ 65.00)  
(For Regular Campers Only)
- ☐ **Junior Leader Camp, June 17-22, 2007** (Fee \$115.00)
- ☐ **Late Fee \$5 or \$15**

**TOTAL REGISTRATION FEE(S) ENCLOSED (INCLUDES T-SHIRT, ORDER SIZE BELOW): \$ \_\_\_\_\_**

**PLEASE INDICATE T-SHIRT ORDER SIZE:   YOUTH -       SM       MED       LG       XL**

**ADULT -      MED      LG      XL**

**ENCOURAGE YOUR 4-H CLUB TO ASSSIST WITH REGISTRATION FEES!!!**

(MEMBERS MUST PAY FULL AMOUNT TO OFFICE – CLUB TO REIMBURSE MEMBERS)

Make **check payable to:** **Gallatin County 4-H Camp**  
201 West Madison, Suite 300  
Belgrade, MT 59714

**SPECIAL TALENTS** (Singing, musical Instrument, talent you can share...don't be bashful!!)

To encourage the making of new friends and to facilitate camaraderie, campers will be assigned roommates at random.

Name of **ADULT** who will **chaperon** from your 4-H club: \_\_\_\_\_

**NOTE** - Camp will be filled on a first-come, first served basis. Each camper accepted to camp will receive a confirmation letter. It will include more details and a list of what to bring to camp.

REGISTRATION FOR CAMP CANNOT BE ACCEPTED WITHOUT COMPLETED HEALTH FORM ON EACH MEMBER ATTENDING CAMP.

PLEASE PRINT

IF **EMERGENCY** PLEASE **NOTIFY**: \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ **PHONE** (home) \_\_\_\_\_ (work) \_\_\_\_\_

FAMILY **PHYSICIAN** \_\_\_\_\_ PHONE \_\_\_\_\_

Operations or other serious disorders (date and type): \_\_\_\_\_

Chronic or recurring illness and treatment that may be needed while at camp: \_\_\_\_\_

Dietary modification & current medication: \_\_\_\_\_

Suggestions from parents: \_\_\_\_\_

**IMPORTANT:** PLEASE NOTIFY THE CAMP IMMEDIATELY OF ANY EXPOSURE TO INFECTIOUS DISEASE IN THE TWO WEEKS PRIOR TO CAMP.

**HEALTH HISTORY** (Please note with date(s) of occurrences and allergic reactions, if any). Any camper who uses an inhaler must check it in with the camp nurse!

Ear Infections _____	Measles _____	Other Drug Allergies _____
Asthma _____	Diabetes _____	_____
Immunizations _____	Insect Stings _____	_____
Heart Defect/Disease _____	German Measles _____	_____
Allergies _____	Hypertension _____	Bleeding/Clotting Disorders _____
Chicken Pox _____	Mumps _____	_____
Convulsions _____	Penicillin _____	_____
Ivy Poisoning _____		Food/Other _____

**CAMPER AGREEMENT:** I, \_\_\_\_\_, understand and agree to abide with the restrictions placed upon my activities & agree to assist the 4-H camp staff in my health care.

**Signature of minor 4-H Camper:** \_\_\_\_\_

**PARENTS AUTHORIZATION:** This health history is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities as noted: **(EXCEPTIONS)** \_\_\_\_\_  
I give my permission for emergency and routine medical care/dispensations of drugs to be provided by the Camp Nurse. And, I also hereby give permission to the Physician selected by the 4-H Camp to order x-rays, routine tests, and treatment for the health of my child. In the event that I cannot be reached in an emergency, I give my permission to secure proper treatment for hospitalization, injections, and/or surgery for my child.

**Signature of Parent/Guardian:** \_\_\_\_\_ (Date) \_\_\_\_\_

# 2007 Gallatin County 4-H Camp

## Code of Conduct

The staff and volunteers of the Gallatin County MSU Extension Service want you to have a fun and exciting time at camp. To help insure this, they expect each camper to be considerate of others, to participate fully in all programs, and to observe the following rules. **Misbehavior may be grounds for dismissal from camp at any time.**

- Be pleasant and cooperative at all times.
- Respect supervision at all times. You are responsible to all adults connected with the camp.
- Fireworks, firearms, illegal drugs, tobacco and any intoxicants of any kind are prohibited.
- Obtain permission before leaving the group for any reason.
- Respect your surroundings. Do not destroy or deface the facilities or in any way damage the scenic beauty of the area.
- Cabins will be kept clean and neat at all times.
- Name tags will be worn at all times.
- Respect the privacy of others. Boys will not be permitted in girls cabins, nor will girls be permitted in boys cabins (except during scheduled times).
- Attendance at instructional sessions is required, please be on time.
- Campers will be expected to have proper attire and footwear for all activities that they participate in.
- Violation of any of these rules is grounds for dismissal and forfeiture of all fees. Parents will be promptly notified along with the county agent. Any campers who are dismissed must call a parent or guardian to arrange transportation home.
- Remember there is not a rule for every situation but there is always common sense, please try to exercise it.

I have read the code of conduct and agree to follow all rules.

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Signatures of all campers in family

As the parent or guardian of \_\_\_\_\_, I have read and support the code. I give my permission to the staff in charge to administer it.

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Parent/Guardian's signature